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Dated: October 19, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of November 1999:

Name: National Advisory Council on Migrant Health.

Date & Time: November 18, 1999—9:00 a.m.–5:30 p.m.; November 19, 1999—9:30 a.m.–10:30 a.m.; November 20, 1999—8:00 a.m.–11 a.m.

Place: Omni Colonnade Hotel, 180 Aragon Avenue, Coral Gables, Florida 33134, Phone: (305) 441-2600; Fax: (305) 445-3929.

The meeting is open to the public.

Agenda

This will be a meeting of the Council. The agenda includes an overview of general Council business activities and priorities. Topics of discussion will include the State Children's Health Insurance Program, Public Charge, the H-2 Guestworker Program, and including migrant workers in the Year 2000 Census. In addition, the Council will be holding its annual Farmworker Public Hearing. The Hearing is scheduled for Saturday, November 20, from 8 a.m. to 11 a.m. at the Omni Colonnade. The Council meeting is being held in conjunction with the 12th Annual East Coast Migrant Stream

Forum, November 19–21, 1999. The Stream Forum also will take place at the Omni Colonnade, Coral Gables, Florida.

Anyone requiring information regarding the subject Council should contact Judy Rodgers, Migrant Health Program, staff support to the National Advisory Council on Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Bethesda, Maryland 20814, Telephone 301/594-4304.

Agenda items are subject to change as priorities indicate.

Dated: October 20, 1999.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use

of automated collection techniques or other forms of information technology.

Proposed Project: Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families—Phase III—(New)

The national evaluation of SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program will collect data on child mental health outcomes, family life, and service system implementation and development. Data will be collected on 21 service systems (20 funded systems of care and one comparison site), and on approximately 5766 children and families. Data collection for this evaluation will be conducted over a five-year period. The core of the service system data will be collected every 18 months throughout the five-year evaluation period, with a provider survey conducted in selected years.

Service delivery and system variables of interest include the following: system of care development, adherence to the system of care program model, and client service experience. The length of time that individual families will participate in the study ranges from 18 to 36 months depending on when they enter the evaluation. Child and family outcomes will be collected at intake and during subsequent follow-up sessions at six-month intervals. The outcome measures include the following: child symptomatology and functioning, family functioning, material resources, and caregiver strain. In addition, a treatment effectiveness study will examine the relative impact of an evidence-based treatment within one system of care. Internet-based technology will be used for data entry and management. The average annual respondent burden is estimated below. The estimate reflects the average number of respondents in each respondent category, the average number of responses per respondent each year, the average length of time it will take for each response, and the total average annual burden for each category of respondent, and for all categories of respondents combined.

Respondent	Number of respondents	Responses/ respondent	Average burden/re-sponse (hrs.)	Total average annual burden
Caregiver	5,766	1.11	2.25	14,400.59
Youth	3,460	1.06	0.92	3,374.19
Provider/Administrator	420	0.52	1.32	288.29
Total	9,646	18,063.07